

Iowa Department of Public Health
Patient Centered Health Care Advisory Council
NOTES: Legislative Update - May 11, 2018



IDPH Policy Bill

- Ended up in the Health and Human Services Appropriations Bill, SF 2418 under Division XXV.
 - Allows us to retain and carryforward fees into the next fiscal year.
 - Allows for extensive background checks to be conducted on the manufacturer and dispensary licensees by the Department of Public Safety.
 - Only piece of legislation passed relating to medical cannabidiol or medical marijuana.

IDPH Budget Package

- Requested increased General Funds for our Childhood Obesity Prevention Program.
 - The Governor recommended an increase of \$450,000. The total request was for \$650,000.
 - The legislature appropriated an increase of \$300,000 so the program is funded for \$500,000 for FY 2019. This was a top priority for the Governor and the department.
- The Governor also recommended restoration of funds for the Medical Residency Program.
 - Zeroed out by the legislature in FY 2018 but restored for FY 2019 by an appropriation of \$2.0 million.
- The Governor also recommended new funding of \$250,000 for a new initiative at Des Moines University to train their medical students in mental health practices.
 - This recommendation was achieved at the requested level.
- Requested funding of \$350,000 for the IT directives in the Medical Cannabidiol Act from last session.
 - Appropriated in SF 2414, the Infrastructure Appropriations Bill.

Additional items in the HHS Budget Bill

- Restoration of the deappropriations for FY 2018.
- Some restoration of programs that had been eliminated at the beginning of FY 2018. For example, the Epilepsy Foundation, Prevent Blindness Iowa, and the Child Health Specialty Clinics' Regional Autism Assistance Program, the metabolic disorders program, and melanoma research funding at the University of Iowa. These programs were zeroed out in FY 2018 but have been restored.
- Policy directives to IDPH include:
 - Convening a workgroup to study reimbursement equity of substance-related disorder services providers. Adequacy of reimbursement for inpatient/outpatient services, appropriateness of rebasing their reimbursement, and whether or not there is fairness in reimbursement compared to other providers of behavioral health services. A report is due on December 15, 2018.
 - Participation in a workgroup to study the current Mandatory Report Curriculum Approval Program in the department. It will be led by the Department of Human Services but it is an IDPH program so we will be heavily involved.

Policy Issues

- A generally quite year for public health issues, overall.
- Opioids Use Disorder Prevention Bill – heavily involved in HF 2377.
Here is what the bill would do:
 - Require doctors and other health care providers to check the state's Prescription Monitoring Program before prescribing opioids. Licensing boards for physicians, dentists and nurse practitioners are to set rules to implement the new requirement. Prescriptions for patients in nursing homes or hospice programs would be exempt. National experts say at least 38 other states already have such requirements, with various rules on when prescribers must check the registries.
 - Require that prescriptions for opioids be sent electronically from clinics to pharmacies, instead of being written on paper prescription pads. Experts say paper prescriptions are much easier to alter

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- or forge. The change, which will require software improvements at some clinics, is to take effect in 2020. The Iowa Board of Pharmacy says at least seven other states — Connecticut, Maine, Minnesota, New York, North Carolina, Rhode Island and Virginia — already have such rules in place or have passed them, and others are considering doing so.
- Provide legal protection to people who report an overdose. This “Good Samaritan” language would prevent people from being prosecuted for crimes such as drug possession if they called for help for a fellow drug user who’d overdosed.
 - Send doctors and other providers an annual report on how many addictive drugs they prescribed and how their prescription practices compare to their peers’.
 - Automatically notify clinics and pharmacies if a patient’s medication purchases show signs of doctor shopping.

Here is what the bill would not do:

- Limit the number of days for which an initial opioid prescription could be written. Twenty-five other states have such limits, with most ranging from three to 14 days.
 - Allow “needle exchanges,” in which drug users could turn in used needles and syringes and obtain clean ones without being questioned. Proponents of such programs say they help prevent transmission of deadly diseases, such as AIDS and hepatitis C, and bring drug abusers in contact with public-health professionals who can nudge them toward addiction treatment. Opponents fear needle exchanges would encourage drug abuse by normalizing drug-use behavior.
 - Add resources for treatment of addiction. Legislators said money for more treatment options could be included in budget bills in the waning days of the legislative session.
- Pharmacy Association Bill, SF 2322
 - The Board of Pharmacy will create statewide protocols that will person a pharmacist to administer, for patients over 18 only:
 - Naloxone
 - Nicotine replacement tobacco cessation products.
 - Adult vaccinations recommended by CDC’s advisory committee on immunization practices in its approved vaccination schedule for adults.
 - Statewide protocols will also be set for flu vaccines or other public health emergency vaccines for patients 6 months and older.
 - Primary health care providers of the patient must be notified.
 - Brain Injury Concussion Protocol, HF 2442
 - Requires development of training materials for concussions and brain injuries including preventions, symptoms, and risks. (IDPH, High School Athletics Associations)
 - Coaches and contest officials are required to take the trainings every two years.
 - Requires development of guidelines for coaches, students, and parents/guardians, after a student experiences a concussion.
 - Requires development of return-to-play and return to learn plans and protocols for schools.
 - Requirements for the purchase of all necessary protective gear for any given activity.
 - Liability provisions for medical care providers if they are following protocols.
 - Children’s Health Screenings, Division III of SF 475
 - IDPH will convene with DE, a workgroup to review the requirements around children’s health screenings where there are reporting requirements and data collection taking place at the schools. We’ll likely treat it as a Quality Improvement Project.
 - Suicide and Adverse Childhood Experiences (ACEs) School Employee Training, SF 2113

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- Requires one hour of training annually for suicide prevention and postvention.
 - Requires one hour of training annually for identification of adverse childhood experiences and strategies to mitigate toxic stress response.
- Telehealth Equity, HF 2305
 - Can't discriminate between services provided in person vs. telehealth.
- Two new healthcare/behavioral health provider types will be required to be licensed under state law: genetic counselors and behavior analyst
- Two notable bills that did not pass:
 - SF 2299, Stroke related bill. Not primary prevention but secondary prevention that intends to get patients to stroke ready hospitals to avoid wait time. This is complementary to IDPH's Time Critical Conditions Initiative.
 - HF 2434, AARP Family Caregivers Act. Requires a family caregiver's name to be recorded when their loved one is admitted to the hospital. Requires that person be informed when their loved one is discharged or moved. Requires the hospital to be given instruction of the medical tasks they will need to perform at home.